



Diabetes Emergency Treatment Protocol Registration

(References: P.108.SCO and PR.547.SCO, PR.548.SCO and PR.632.SCO)

NOTE: Please type or print neatly and submit the original, signed copy to your child's school principal in a timely manner.

In the case of ongoing serious medical conditions (such as but not limited to severe, life-threatening allergies, diabetes, epilepsy, heart condition, asthma), this authorization will terminate on June 30 of each school year. Please ensure to notify the principal if the prescription changes or expires. This authorization may be cancelled upon receipt of written notification to the principal.

School Name	Date	
Principal's Name	Home Form Teacher's Name	
Student's Name		STUDENT'S PHOTO
Student No.		
Year / Grade		
Pick-up and Drop-off Bus Route Numbers (if applicable)		
Transportation Address		

SYMPTOMS AND WARNING SIGNS. (To be completed by parent/guardian):

GENERAL COURSE OF ACTION:

- **At the first sign of low blood glucose, give sugar immediately:**
 - 4 oz (125 ml) of regular pop (not diet pop); OR
 - 4 oz (125 ml) of fruit juice (Junior juice box); OR
 - 2 tsp (10 ml), 2 packets of sugar; OR
 - 2 glucose tabs
- **Wait 10-15 minutes (have the student sit quietly, do not allow him/her to walk around).**
- **If there is no improvement, repeat the treatment.**
- **DO NOT LEAVE THE STUDENT ALONE.**
- **If the student is unconscious, having a seizure or unable to swallow, do not give food or drink.**
- **Roll the student on his/her side.**
- **Call 911 or emergency medical services.**
- **Inform parents / guardians:**

CALL PARENTS/GUARDIANS:

Mother's Name	Mother's Contact Number(s)
OR	
Father's Name	Father's Contact Number(s)
OR	
Emergency Contact Name	Emergency Contact Numbers(s)



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SPECIFIC COURSE OF ACTION: (To be completed by parent/guardian):

PARENT / GUARDIAN AUTHORIZATION RE: CONSENT TO RELEASE

I/we give consent for school staff to use and share the information provided in this form as required to attend to the education, health and safety of myself / my child. This may include:

- The pertinent information contained within will be shared with the Ottawa Student Transportation Authority and applicable contracted bus operators (including your child's bus driver where appropriate);
- Posting of the student's photograph (physical and / or electronic) in the school so that all staff, volunteers and visitors are aware of the medical condition;
- And any such other circumstances that may be necessary to ensure the health and safety of your child.

Parent / Guardian Signature _____ **Date** _____
(or student if 18 years or older)

PARENT / GUARDIAN AUTHORIZATION RE: CONSENT TO TRANSFER TO HOSPITAL

I/we give consent for my child to be transported to a hospital if deemed necessary by school staff, and if necessary, a staff member may also accompany my child during transport. Note: The principal shall decide if an ambulance is to be called.

Parent / Guardian Signature _____ **Date** _____
(or student if 18 years or older)

The personal information on this form is collected under the authority of the *Education Act* and will only be used to record a student's diabetes emergency information. Access to this information will be limited to those who have an administrative need, to the student to whom the information relates and the parent(s) / guardian (s) of a student who is under 18 years of age. If you wish to review this information or have questions regarding its collection, please contact your school principal.

The information collected will be protected against theft, loss and unauthorized use or disclosure.

THIS FORM MUST BE COMPLETED IN A TIMELY MANNER, INCLUDE ORIGINAL SIGNATURE(S) AND SUBMITTED TO THE SCHOOL PRINCIPAL.

PRINCIPAL'S ACKNOWLEDGEMENT

I have reviewed the information provided in this form, obtained clarification if required, and acknowledge its receipt.

Principal's Signature _____ **Date** _____